

What is Pi?

The Pi Program is a state regulated Alternative Learning Experience (ALE), offered by the Chimacum School District. Scheduled classes are typically multi-age and held 1-3 days a week on campus. Student plans include class work as well as work at home with a parent or guardian.

Application Process

- Obtain an application from the Chimacum Elementary School Office or online
- Return the fully completed application (and accompanying forms) to the Elementary Office
- Applications are processed in the order in which they are received
- You will be contacted by Pi staff on the status of your application
- Applications submitted during summer months will be processed in late August

What You Can Expect from Pi

- An assigned teacher consultant to guide and meet with you for required monthly conference
- Individualized Student Learning Plan that is written by student, parent and teacher together and is supervised, monitored, and evaluated by certificated staff (weekly contact and monthly progress review required)
- Coursework may be delivered in whole, or part, outside the regular classroom using approved curricular materials
- If a student fails to make adequate academic progress, an intervention plan will be developed at monthly conference
- Note: A letter of Non-Compliance will be issued in cases when weekly contact and monthly conference requirements have not been met. Three letters of Non-Compliance will result in the student being exited from the Pi Program

Things to Know for High School Pi Students

- Credits earned through Pi apply to a Chimacum HS diploma.
- Limited slots are available for students wishing to take classes at Pi in tandem with another program (ex: CHS, Running Start, West Sound Tech)
- Must have demonstrated successful academic progress within PI and have approval from the Pi staff to be 'part time'

Student Role:

- Participate in the design and creation of your WSLP – which may include class offerings and independent credits
- Complete required course work, realizing that documented progress and productivity in classes will be required in order to earn credits toward a diploma
- Maintain independent credit logs/documentation
- Attend required monthly conferences and maintain substantially successful academic progress
- Maintain regular class attendance and participate respectfully and appropriately

Parent Role:

- Participate in the design and creation of your student's WSLP – which may include class offerings and independent credits
- Support and monitor your student in completing required course work, realizing that documented progress and productivity in classes will be required in order to earn credits toward a diploma
- Attend required monthly conferences and support your student in maintaining documentation and academic progress

Teacher/Stott Role:

- Participate in the design and creation of student WSLP – with guidance toward completion of a CHS diploma
- Assign, monitor and assess required course work
- Schedule and participate in required monthly conferences, providing feedback on student progress
- Support, guide and advocate for students on their educational journey

PI Program
PO Box 278 Chimacum WA 98325
360-302-5855
APPLICATION FOR ADMISSION

The PI Program promotes a partnership between student, parents and teachers. As equal partners, each student, his or her parents and teachers contribute to the design and implementation of a personalized educational program that promotes optimum academic success.

The PI Program supports the School Board Goals; Academic Excellence, Responsible District Governance, Improved District Facilities, address Climate/Learning environment, and Enhance Communications of the Chimacum School District as well as the board approved curriculum, which can be found on the website: csd49.org.

APPLICANT INFORMATION

TODAY'S DATE: _____ School year Applying for: _____

Student's name: _____

Birthdate: _____ Current grade level: _____

Parent/Guardian Name (s): _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-mail: _____ E-mail: _____

All students are admitted to the PI Program according to their waiting list date. The answers you give here do not improve or lessen your opportunity to participate in the program. The questions are designed to help the PI staff get to know you and your family's needs better. We also want to encourage you to think about whether PI is the best educational option available for your child and your family.

FOR THE PARENTS TO COMPLETE: Use as many specific examples as you can when answering these questions. You may use additional sheets of paper and attach them to this page.

1. In what ways are child's needs not being met by his or her current educational program?
2. Why have you chosen to apply to the PI Program? In what ways do you anticipate that it can better fill your child's educational needs?
3. What are your long term educational goals for you child? Given what you understand about his/her learning styles and needs, outline what you believe would best possible educational situation that would help you achieve those goals.
4. State your thoughts about your participation in your child's education.

FOR THE STUDENT TO COMPLETE: Please answer these questions after thinking about them carefully. (If the student does not yet write, parents may transcribe what he/she says for this section.)

1. Why do you want to be in the PI Program?

2. List 5 things you are excited about or interested in learning more about.

3. What academic areas would you like to improve upon? As you list each area, tell why you want to be better at those skills.

PARENT AND STUDENT TO INITIAL AND COMPLETE:

The student, the parents and the accredited teacher consultants are partners in facilitating the student’s education. As a member of the team, we ask that you commit to these requirements. Please initial each item to indicate your acceptance of the following commitments.

INITIALS Parent	INITIALS Student	
		Attend required monthly progress conference with your Teacher/Consultant.
		Active parent partnership in child’s educational program and learning plan/ 27.5 hrs/wk required.
		Documentation: Parent/student provide information, projects, and samples of work-in progress for all subjects on a regular basis.
		We understand and acknowledge that the PI Program participates in required district and state testing.

Failure to comply with the above requirements may result in termination from the program.

	Yes	No
I would like to transfer my child to the PI Program when space becomes available.		
I have spoken with a staff PI member and agree to the program requirements.		
Staff Member: _____ Date: _____		

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary stephanie_mccleary@csd49.org PO Box 278, Chimacum, WA 98325-0278 360.302.5894	Section 504/ADA Coordinator: Sarah Walker sarah_walker@csd49.org PO Box 278, Chimacum, WA 98325-0278 360.302.5823
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Chimacum School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or transitional bilingual education programs.



CHIMACUM
SCHOOL DISTRICT
DEEP ROOTS BROAD HORIZONS

Student Information and Enrollment Form

Chimacum School District No. 49
PO Box 278, Chimacum, Washington 98325

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

Date Registration Received:	Date Entered into Student Information System:	Student Start/Entry Date:	<input type="checkbox"/> Immunizations <input type="checkbox"/> Legal or Custody Paperwork
School Student ID:	School Resident Area:	Food Account Number:	

STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE LEVEL	
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other			PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other				
RESIDENT ADDRESS	Street	Apt #	City	State	ZIP	RESIDENT ADDRESS	Street	Apt #	City	State	ZIP		
MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State	ZIP	MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State	ZIP
PRIMARY (HOME) Phone: (Include area code)						Please check if unlisted <input type="checkbox"/> Please check if cell number <input type="checkbox"/>							
Guardian #1 Work Phone (include area code)				Active Military, Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Guardian #2 Work Phone (include area code)				Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guardian #1 Cell Phone (include area code)						Guardian #2 Cell Phone (include area code)							
GUARDIAN #1 EMAIL ADDRESS:						GUARDIAN #2 EMAIL ADDRESS:							

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____		
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____		
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)				Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No		SECOND HOUSEHOLD EMAIL			

IS THERE A PARENTING PLAN IN EFFECT? Yes No If yes, please provide a copy to the office.

IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? Yes No
If yes, please provide a copy to the office.

Court order limits Mother Father Other _____

Please fill out the entire back of this form. Thank you!

PLEASE LIST SIBLINGS ATTENDING CHIMACUM SCHOOL DISTRICT			
Last Name	First Name	School	Grade

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

<u>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN:</u> Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No Title <input type="checkbox"/> Yes <input type="checkbox"/> No LAP <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____			<u>HAS YOUR CHILD EVER BEEN RETAINED?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)	
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S)		DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER ATTENDED THE <u>CHIMACUM SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____			

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ *Date* _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ *Date* _____

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

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stephanie_mccleary@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5894

Section 504/ADA Coordinator: Sarah Walker
sarah_walker@csd49.org
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360.302.5823



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.





RACE AND ETHNICITY FORM

Please turn this page over to complete the Race and Ethnicity Survey. It asks you to tell us the race and ethnic heritage of your child.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

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360.302.5823

Name of Student: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honduran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paraguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	So. Georgia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sandwich Islands	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spaniard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surinamese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uruguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic (Write In) <input type="checkbox"/>			

Asian	
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Bhutanese
<input type="checkbox"/>	Burmese/Myanmar
<input type="checkbox"/>	Cambodian/Khmer
<input type="checkbox"/>	Cham
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Indonesian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Lao
<input type="checkbox"/>	Malaysian
<input type="checkbox"/>	Mien
<input type="checkbox"/>	Mongolian
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Okinawan
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Singaporean
<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	Taiwanese
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tibetan
<input type="checkbox"/>	Vietnamese
Asian (Write In) <input type="checkbox"/>	

Black/ African-American Continued	
South African	
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	South African
<input type="checkbox"/>	Swazi
South African (Write In) <input type="checkbox"/>	
Black (Write In) <input type="checkbox"/>	
Latin American	
<input type="checkbox"/>	Argentine
<input type="checkbox"/>	Belizean
<input type="checkbox"/>	Bolivian
<input type="checkbox"/>	Brazilian
<input type="checkbox"/>	Chilean
<input type="checkbox"/>	Colombian
<input type="checkbox"/>	Costa Rican
<input type="checkbox"/>	Ecuadorian
<input type="checkbox"/>	El Salvadoran
<input type="checkbox"/>	Falkland Islander
<input type="checkbox"/>	French Guianese
<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan
Latin American (Write In) <input type="checkbox"/>	

American Indian/Alaskan Native	
<input type="checkbox"/>	Chinook Tribe
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
<input type="checkbox"/>	Cowlitz Indian Tribe
<input type="checkbox"/>	Duwamish Tribe
<input type="checkbox"/>	Hoh Indian Tribe
<input type="checkbox"/>	Jamestown S'Klallam Tribe
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
<input type="checkbox"/>	Kikiallus Indian Nation
<input type="checkbox"/>	Lower Elwha Tribal Community
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
<input type="checkbox"/>	Marietta Band of Nooksack Tribe
<input type="checkbox"/>	Muckleshoot Indian Tribe
<input type="checkbox"/>	Nisqually Indian Tribe
<input type="checkbox"/>	Nooksack Indian Tribe of Washington
<input type="checkbox"/>	Port Gamble S'Klallam Tribe
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
<input type="checkbox"/>	Quinalt Indian Nation
<input type="checkbox"/>	Samish Indian Nation
<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington
<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/>	Skokomish Indian Tribe
<input type="checkbox"/>	Snohomish Tribe
<input type="checkbox"/>	Snoqualmie Indian Tribe
<input type="checkbox"/>	Snoqualmoo Tribe
<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation
<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/>	Steilacoom Tribe
<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/>	Swinomish Indian Tribal Community
<input type="checkbox"/>	Tulalip Tribes of Washington
<input type="checkbox"/>	Alaskan Native (Write In) <input type="checkbox"/>
<input type="checkbox"/>	American Indian (Write In) <input type="checkbox"/>

Black/ African-American	
<input type="checkbox"/>	African American
<input type="checkbox"/>	African Canadian
Caribbean	
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemois/Barthémoises (Saint Martin)
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian (Cayman Island)
<input type="checkbox"/>	Cuba Dominican
<input type="checkbox"/>	Dominican (Dominican Republic)
<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/>	Grenadian
<input type="checkbox"/>	Guadeloupian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Martiniquais/ Martiniquaise
<input type="checkbox"/>	Montserratian
<input type="checkbox"/>	Puerto Rican
Caribbean (Write In) <input type="checkbox"/>	
Central African	
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African (Cen. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese (RC of the Congo)
<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
<input type="checkbox"/>	Equatorial Guinean
<input type="checkbox"/>	Gabonese
<input type="checkbox"/>	São Toméan
<input type="checkbox"/>	Principe
Central African (Write In) <input type="checkbox"/>	
East African	
<input type="checkbox"/>	Burundian
<input type="checkbox"/>	Comoran
<input type="checkbox"/>	Djiboutian
<input type="checkbox"/>	Eritrean
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Kenyan
<input type="checkbox"/>	Malagasy (Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Somali
<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Zimbabwean
East African (Write In) <input type="checkbox"/>	
West African	
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Guinean
<input type="checkbox"/>	Burkinabé (Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanaian
<input type="checkbox"/>	Liberian
<input type="checkbox"/>	Malian
<input type="checkbox"/>	Mauritanian
<input type="checkbox"/>	Nigerien (Niger)
<input type="checkbox"/>	Nigerian (Nigeria)
<input type="checkbox"/>	Saint Helenian
<input type="checkbox"/>	Senegalese
<input type="checkbox"/>	Sierra Leonean
<input type="checkbox"/>	Togolese
West African (Write In) <input type="checkbox"/>	

Native Hawaiian/Other Pacific Islander	
Pacific Islander	
<input type="checkbox"/>	Carolinian
<input type="checkbox"/>	Chamorro
<input type="checkbox"/>	Chuukese
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	i-Kiribati/Gilbertese
<input type="checkbox"/>	Kosraean
<input type="checkbox"/>	Maori
<input type="checkbox"/>	Marshallese
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Ni-Vanuatu
<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Pohpeian
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Solomon Islander
<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Tuvaluan
<input type="checkbox"/>	Yapese
Native Hawaiian (Write In) <input type="checkbox"/>	
Other Pac. Islander (Write In) <input type="checkbox"/>	

White	
White	
<input type="checkbox"/>	White
Eastern European	
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Herzegovinian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Ukrainian
Middle Eastern and North African	
<input type="checkbox"/>	Algerian
<input type="checkbox"/>	Amazigh or Berber
<input type="checkbox"/>	Arab or Arabic
<input type="checkbox"/>	Assyrian
<input type="checkbox"/>	Bahraini
<input type="checkbox"/>	Bedouin
<input type="checkbox"/>	Chaldean
<input type="checkbox"/>	Copt
<input type="checkbox"/>	Druze
<input type="checkbox"/>	Egyptian
<input type="checkbox"/>	Emirati
<input type="checkbox"/>	Iranian
<input type="checkbox"/>	Iraqi
<input type="checkbox"/>	Israeli
<input type="checkbox"/>	Jordanian
<input type="checkbox"/>	Kurdish Kuwaiti
<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Moroccan
<input type="checkbox"/>	Omani
<input type="checkbox"/>	Palestinian
<input type="checkbox"/>	Qatari
<input type="checkbox"/>	Saudi Arabian
<input type="checkbox"/>	Syrian
<input type="checkbox"/>	Tunisian
<input type="checkbox"/>	Yemeni
Middle Eastern (Write In) <input type="checkbox"/>	
North African (Write In) <input type="checkbox"/>	

Dear Families,

Date _____

Cedars (state/Federal) reporting is requiring school districts report on military family status.

Please complete the following information:

Student name: _____ Grade: _____

1. Student/Family has member currently active in the military
2. Current member of Reserves
3. Current member of WA National Guard
4. More than one parent/guardian in the above
5. No parent/guardian is serving

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823

Chimacum School District

Request to Prevent Disclosure of Directory Information

Student records are private by law

Federal law prohibits school districts from releasing information found in student files without parent/guardian permission, **except for what is called directory information.**

Parents can tell the school and district to keep directory information private as well, with this form

The district does not release directory information for commercial purposes. Directory information may be released under the Family Educational Rights and Privacy Act of 1974 (FERPA). However, parents of students under age 18 and students themselves who are over 18 have the right to tell the school district and its schools to keep directory information private.

What is directory information? Directory information includes:

- | | |
|---|---|
| •Name | •Dates of enrollment |
| •Home address | •Enrollment status |
| •Photographs | •Telephone number(s) |
| •E-mail addresses, including personal and school-assigned | •Degrees and awards received |
| •Date and place of birth | •Most recent/previous school attended |
| •Participation in officially recognized activities and sports | •Weight and height of members of athletic teams |

Options for keeping directory information private

The district provides three options for withholding directory information, which means keeping it private. Each option concerns how widely the information might be communicated.

Public use: Your student's directory information **would not be used in any communication that could reach the public.** That includes, for example:

- The school's web site or district web site, which can be reached by anyone
- A press release or media story (newspaper, radio or television) on an award, play or class project
- Graduation program
- District newsletter to all parents or district calendar
- School video shown at a school board meeting open to the public

District internal use: Your student's directory information **would not be used in any communication within the school district.** That includes, for example:

- A district newsletter that goes to all staff
- A secure internal district web site that cannot be accessed from outside the district
- Any other publications directed at district staff members
- A video shown to teachers from other schools within the district

Local/school use: Your student's directory information **would not be used in any communication by his or her school.** That includes, for example:

- Student or PTSA directory
- School yearbook
- School newsletter
- School web site open only to classmates

Students in Grades 9-12 Have Two Additional Options

Military: Your student's directory information **would not be released to any branch of the armed services.** The military is entitled to the names, telephone numbers, and addresses of high school students unless the parent, guardian, or student (even if under the age of 18) checks the box on this form. The military does have other sources for names and addresses, so checking this box does not guarantee that the military will not contact your child.

Higher education: Your student's directory information **would not be released to any institution of higher education.** Again, colleges and universities may get lists of students from other sources such as educational testing groups. Students may still ask for their information and records to be supplied to specific colleges or universities even if parents check this box. This option would only mean that responses to requests for the names and addresses of all juniors at a high school, for example, would not include your student's information.

Chimacum School District Directory Information Withhold Form

If you want the school and district to keep your student's directory information private, submit this form to your student's school office on or before October 1 of the current school year, even if you submitted a form last year. If you do not return the form by October 1 of the current school year or do not check any of the boxes on this form, directory information may be released. Please use one form for each student in your household. Additional forms are available at your student's school.

Please consider carefully the consequences of a decision to withhold directory information. Should you decide to ask the district to withhold information from public, district internal and local/school use, the district will not be able to release any information on your student for any reason.

Please print:

Student's First Name _____ Last Name _____

Student's School _____ Grade _____

I want the school district to keep my student's directory information private by withholding it from:

- Public use.** I want my student's directory information kept private from any outside entity or any communication that may reach the public, including event announcements, press releases or media coverage of any school events or programs, announcements of awards or achievements, **graduation announcement supply companies**, unrestricted school or district Web sites, or publications that are distributed to all parents in the district or to the community. **Note: by checking this box, a student's name cannot be announced at graduation or printed in the graduation program.**
- District internal use.** I want my student's directory information withheld from internal district communication, including district staff newsletters or secure internal web sites.
- Local/school use.** I want my student's directory information withheld from any school-specific communication, including school newsletters or restricted-access class Web sites. **Note: By checking this box, your student's name and photo cannot be printed in the school yearbook or a school directory.**

Signature _____ Date _____

Parent/guardian must sign unless the student is 18 years or older

Students in Grades 9-12 Only:

- Military:** I want my/my student's directory information to be withheld from the military.
- Higher education:** I want my/my student's directory information to be withheld from higher education institutions.

Signature _____ Date _____

Parent/guardian/student. - Students under 18 can sign this section.

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

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sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5823



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:
 Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (mm/dd/yyyy):** _____ **Sex:** _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

 Parent/Guardian Signature Required Date

- Symbols below:
- ◆ Required for School and Child Care/Preschool
 - Required for Child Care/Preschool Only
 - Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

 Parent/Guardian Signature Required Date

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

 Licensed healthcare provider signature Date
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	-
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	-
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	-

 Licensed healthcare provider signature Date
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:

- 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

EXAMPLE

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

201401050005 05:17:00

Vaccine Trade Names in alphabetical order									
(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order							
(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711)

DOH 348-013 January 2015

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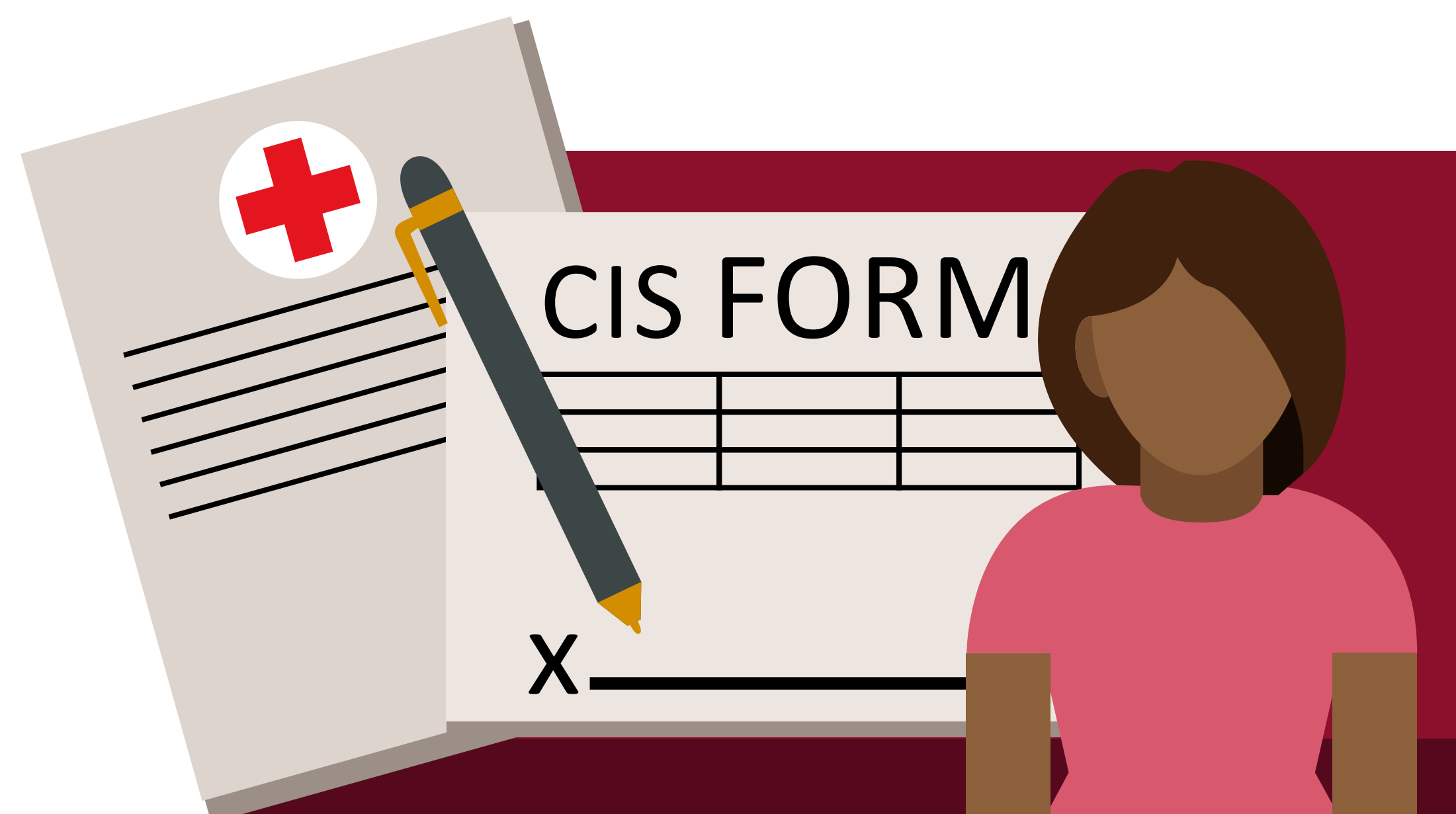
PO Box 278, Chimumac, WA 98325-0278

360.302.5823

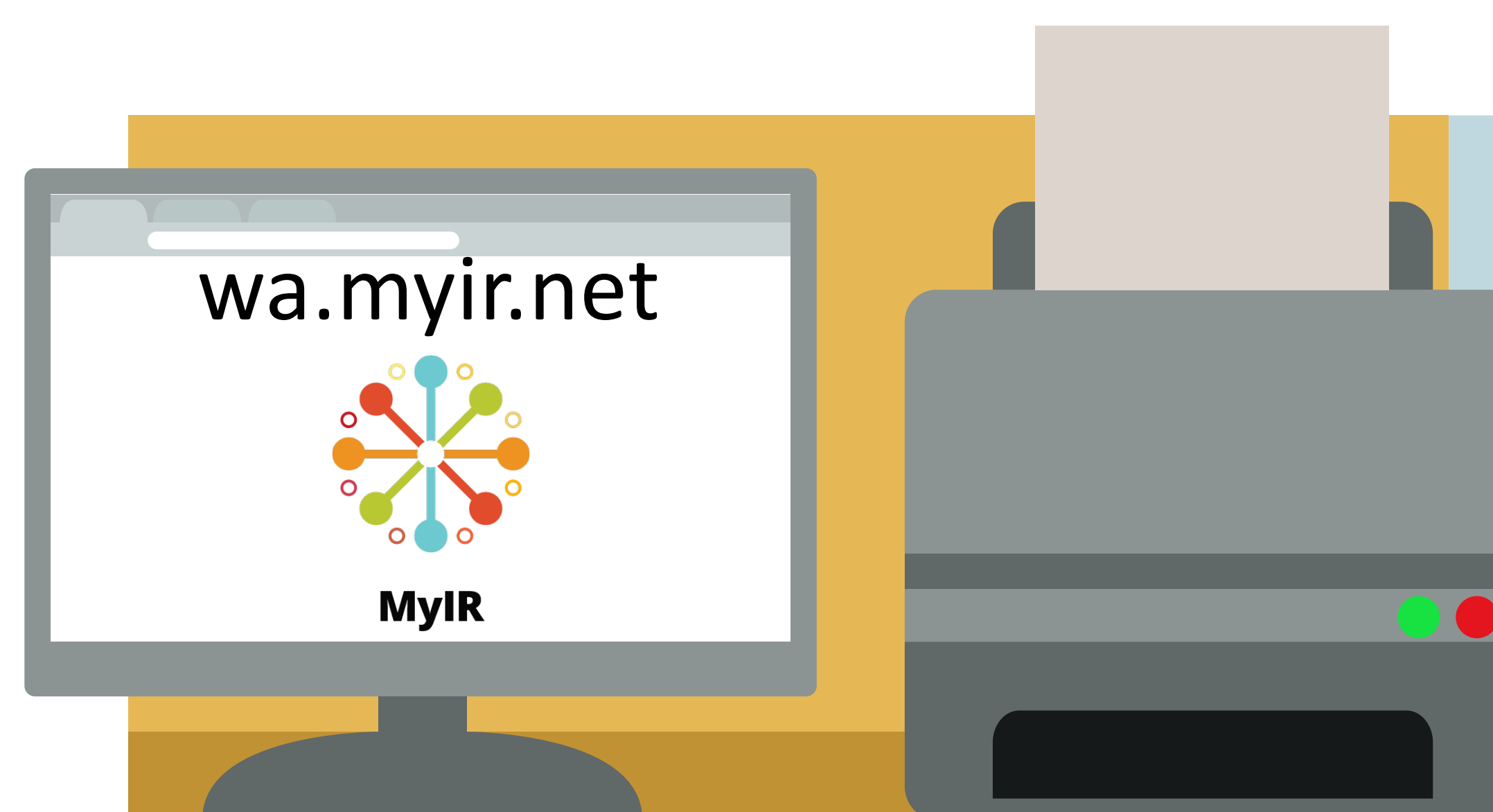
What vaccine records will my school accept starting on August 1, 2020?



A Certificate of Immunization Status (CIS) signed by a doctor or health care provider.



A CIS filled out by a parent or guardian with medical records attached.



A CIS from MyIR.net. Print your family's official vaccine records from any device.

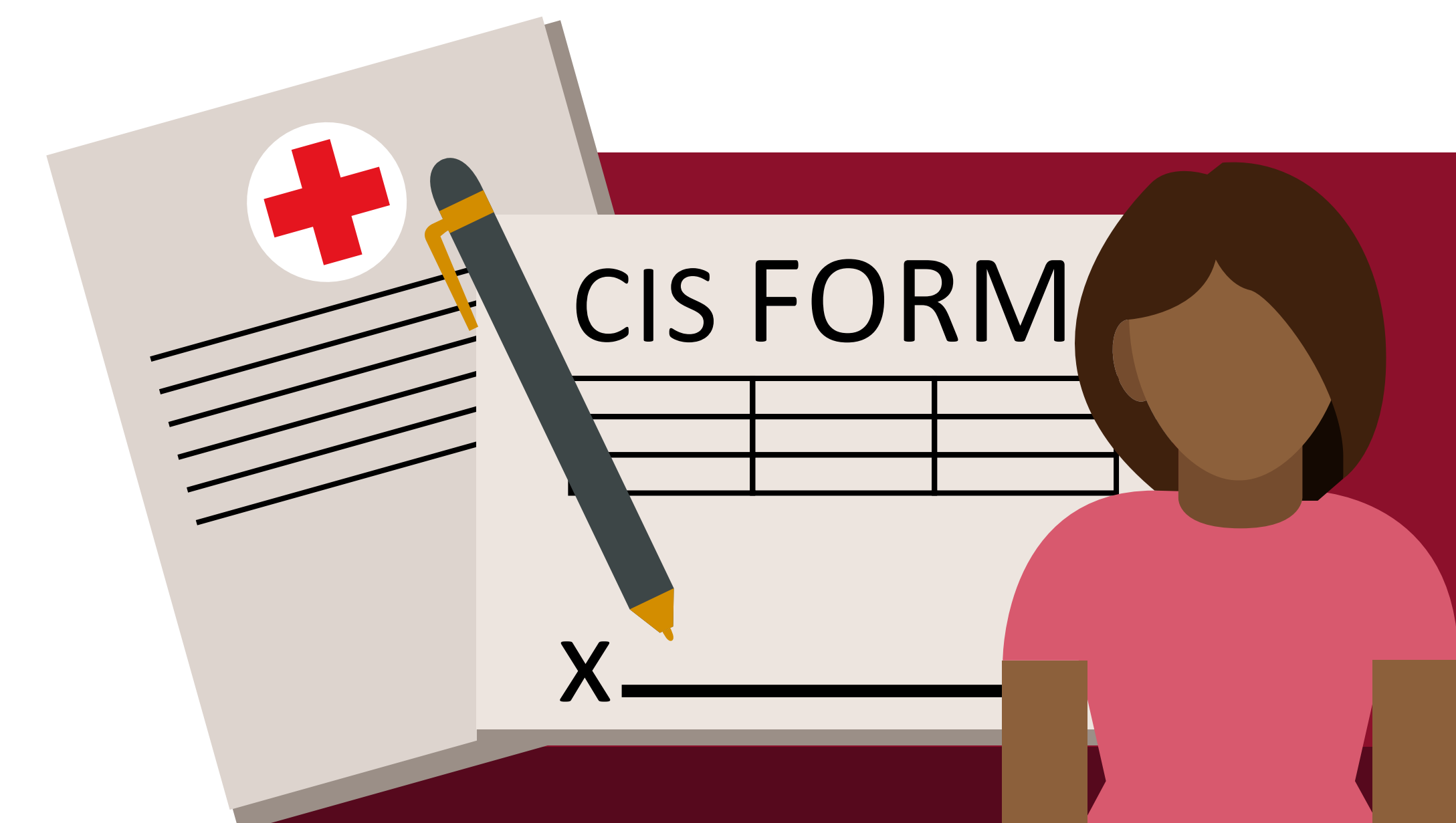


A CIS printed from the state immunization system by a health care provider or school.

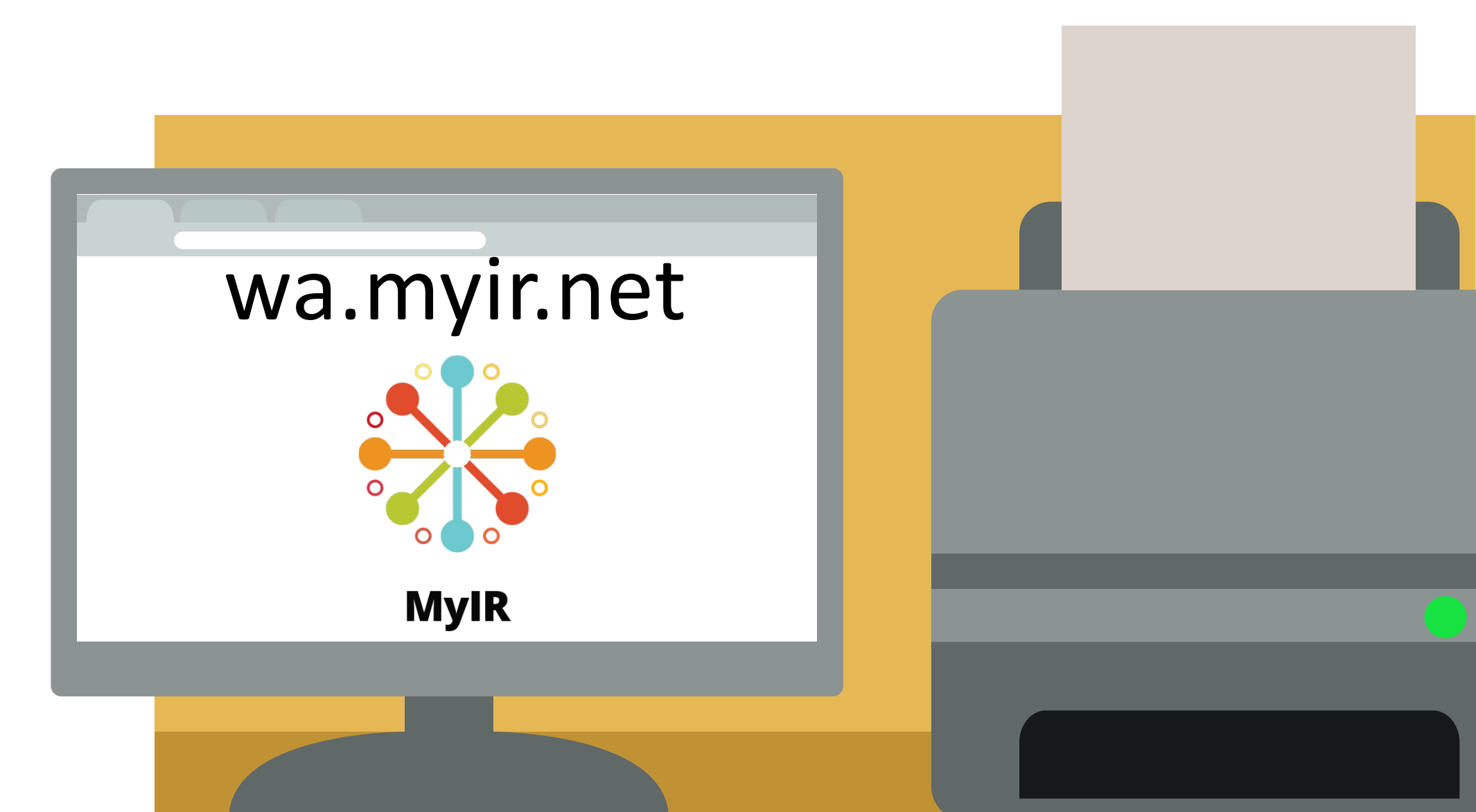
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A CIS filled out by a parent or guardian with medical records attached.



A CIS from MyIR.net. Print your family's official vaccine records from any device.



A CIS printed from the state immunization system by a health care provider or school.

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2023-2024



Instructions: To see which vaccines are required for school, find your child’s grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 10th	5 doses DTaP* Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* Plus Tdap at age ≥ 7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

WHERE TO GET IMMUNIZATIONS

- ❖ JEFFERSON COUNTY PUBLIC HEALTH 615 Sheridan, Port Townsend (next to QFC) 360.385.9400
Walk-in immunization clinics Tuesday & Thursday 1:00 – 4:00pm
Private insurance billing, Washington Apple Health accepted, sliding scale www.jeffersoncountypublichealth.org
-

- ❖ JEFFERSON HEALTHCARE FAMILY MEDICINE 1010 Sheridan, Suite 101, Port Townsend 360.385.3500
 - ❖ JEFFERSON HEALTHCARE PRIMARY CARE 915 Sheridan, Suite B-103, Port Townsend 360.379.8031
 - ❖ JEFFERSON HEALTHCARE INTERNAL MEDICINE 1010 Sheridan, Suite 202, Port Townsend 360.385.5388
Well-child exams plus immunizations or Nurse-only visits for immunizations. Call for Appointment
Private insurance billing, Washington Apple Health accepted, sliding scale for low income clients denied Medicaid
-

COST

- ❖ Insurance: Medicaid/Apple Health and most other insurance policies in Washington cover immunizations as preventative care – usually no deductible.
 - ❖ Need help getting health insurance? Call 360.385.2200 ext. 2267 for a free appointment with a Jefferson Healthcare financial helper. For help enrolling in Washington Apple Health or other qualified plans go to www.wahealthplanfinder.org.
 - ❖ No Insurance? There is no cost for the vaccines. There may be a visit fee plus a vaccine administration charge. Sliding scale is available at the above Jefferson County clinics offering immunization. Call your clinic for more information.
-

WHERE TO FIND IMMUNIZATION RECORDS

- ❖ Contact your doctor's office.
 - ❖ Each state has an immunization registry to which many doctors and clinics upload immunization records. Parents can get copies of their children's records in their state's registry through their doctor's office, through a local health department, or directly, (in Washington) by signing up MyIR.net at www.WA.MyIR.net.
 - ❖ For other tips on locating records: www.cdc.gov/vaccines/parents/record-reqs/immuniz-records-child
-

WHERE TO GET MORE INFORMATION ON IMMUNIZATIONS

- ❖ <http://www.vaxnorthwest.org/>
 - ❖ <http://www.vaccineinformation.org/>
 - ❖ http://www.chop.edu/centers-programs/vaccine-education-center#.VxkakE_2a70
-

School Year 2023-24 Family Income Survey

Return this form to: Your child's School Office

Complete one income survey per household

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: In Foster Care Experiencing Homelessness Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony				Pensions/ Retirement/ Social Security (SSI)				Any Other Income Not Already Listed										
		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly							
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 5: Contact Information & Signature

I promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State, & Zip Code

Daytime Phone

Date

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The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

APPROVAL: Basic Food/TANF/FDPIR/Foster Income Household

Total Household Size _____ Total Household Income \$ _____

Weekly Bi-Weekly 2x per Month Monthly Annual

Family Income Survey qualifies for household at or below the income eligibility guidelines listed below: Yes No

Date Notice Sent

Signature of Approving Official

Date

**Income Eligibility Guidelines
Effective from July 1, 2023, through June 30, 2024**

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183

**CONSENT TO SHARE FAMILY INCOME SURVEY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2023-24 School Year**

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits. Fees will be waived based on Income Eligibility Guidelines on the 2023-24 Family Income Survey.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB Card	100% Fees Waived
<input type="checkbox"/>	Athletic/Sports Fees	100% Fees Waived
<input type="checkbox"/>	Activity Fees	100% Fees Waived
<input type="checkbox"/>	Dance Tickets	100% Fees Waived
<input type="checkbox"/>	Test Fees	100% Fees Waived
<input type="checkbox"/>	Course Fees	100% Fees Waived
<input type="checkbox"/>	Gate Fees	100% Fees Waived

Print Student Name(s):

Print School Building:

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

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School Year: _____

Chimacum School District Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

PLEASE COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: _____
First Middle Last

Grade: _____ Birthdate: _____ Age: _____ Gender: _____
Month/Day/Year

Please list all children (Birth through 21) in your care: _____

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to your student's school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.

District Liaison Signature:

Name

Date

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

Please check the following services that are needed or desired (not all services are available):

- | | |
|--|--|
| <input type="checkbox"/> Backpacks for Kids (weekend food bags) | <input type="checkbox"/> Smile Mobile |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothing/Uniform/PE shoes (clothing bank) | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Bank | |
| <input type="checkbox"/> Free meals at school (breakfast/lunch) | |
| <input type="checkbox"/> Health Clinic (CHS M&W 9-3) | |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF | |
| <input type="checkbox"/> Medical/dental referral – medical coupons | |
| <input type="checkbox"/> School supplies | |
| <input type="checkbox"/> Shower needs | |

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Building services that are needed or desired (not all services are available):

- | | |
|---|---|
| <input type="checkbox"/> ASB, lab fees, etc. | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> College/FAFSA | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Missing enrollment records |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Music/Fine Arts |
| <input type="checkbox"/> Early Childhood program | <input type="checkbox"/> Preschool enrollment records |
| <input type="checkbox"/> Extra-curricular clubs/activities | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Sports/Athletics |
| <input type="checkbox"/> Gifted/talented | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Graduation (On track? Supports? Tutoring?) | <input type="checkbox"/> Vocational/technical |
| | <input type="checkbox"/> Other _____ |

Notes

π Chimacum Pi Program

91 W. Valley Rd., PO Box 278 Chimacum, WA 98325

Telephone: (360) 302-5855 Fax: (360) 732-6859

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

To: Registrar/Secretary of: _____

Phone: _____ City, State: _____

Fax: _____ E-mail: _____

Date of Request: _____

The student listed below has requested enrollment in our school district and we are requesting school records be sent to the school shown below (Please alert us to other special information on file that would help us accommodate this student).

Student's Name

Birth Date

Grade

This transfer is provided for in The Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require a signed permission form by the student's parent or guardian for release of information on his/her child or children to other educational institutions. (99.34)

Please include the following records:

Please fax or email to cindy.brown@csd49.org

Academic/Report Cards/Progress Reports

Standardized assessment scores and /or score reports (State Testing)

Special Education Services (Evaluations, 504 Plan, IEP, Speech, etc.) if applicable

ELL records/level, if applicable

Discipline Report

Attendance Report

Other educational records listed here: _____

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